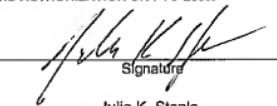


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| NOTICE OF APPEAL FROM THE EXAMINER TO<br>THE BOARD OF PATENT APPEALS AND INTERFERENCES  |          | Docket Number (Optional)<br>HOI-14302/16 |
|---|----------|--|
| In re Application of<br>Inge Dorthe Hansen  |          |  |
| Application Number<br>10/560,519-Conf. #5664  |          | Filed<br>March 20, 2006                  |
| For TREATMENT OF SYMPTOMS ASSOCIATED WITH BACTERIAL<br>VAGINOSIS  |          |  |
| Art Unit<br>1623  | Examiner | M. C. Henry                              |
| <p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) <span style="float: right;">\$ 540.00</span></p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$ 270.00</span></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>07-1180</u>.</p> <p><input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p><b>WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038.</b></p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest.<br/>See 37 CFR 3.71. Statement under 37 CFR 3.73(b)<br/>is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record.<br/>Registration number <u>50,434</u></p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34. _____</p> <p><br/>Signature</p> <p><u>Julie K. Staple</u><br/>Typed or printed name</p> <p><u>(734) 913-9300</u><br/>Telephone number</p> <p><u>December 11, 2008</u><br/>Date</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.<br/>Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> *Total of <u>1</u> forms are submitted.</p> |          |  |